

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report January 26, 2018

Auditor Information

Name: Crystal Y. Norment	Email: crystal.norment@gmail.com
Company Name: 3D PREA Auditing and Consulting, LLC	
Mailing Address: 5668 Fort Road	City, State, Zip: Greenwood, FL 32443
Telephone: 901-644-4738	Date of Facility Visit: December 18 -19, 2017

Agency Information

Name of Agency: Tennessee Department of Corrections		Governing Authority or Parent Agency (If Applicable): State of Tennessee	
Physical Address: Rachel Jackson Building 6 th Floor		City, State, Zip: Nashville, TN 37243	
Mailing Address: 320 Sixth Avenue North		City, State, Zip: Nashville, TN 37243	
Telephone: 615-741-1000		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: To operate safe and secure prisons and provide effective community supervision in order to enhance public safety.

Agency Website with PREA Information: www.tn.gov/correction/artice/prison-rape-elimination-act-2003

Agency Chief Executive Officer

Name: Tony C. Parker	Title: Commissioner of TDOC
Email: tony.c.parker@tn.gov	Telephone: 615-741-1000

Agency-Wide PREA Coordinator

Name: Tom Joplin		Title: TDOC PREA Coordinator	
Email: tom.a.joplin@tn.gov		Telephone: 615-879-6431	
PREA Coordinator Reports to: Kristi Carroll-Grimes		Number of Compliance Managers who report to the PREA Coordinator 10	
Facility Information			
Name of Facility: Lois DeBerry Special Needs Facility			
Physical Address: 7575 Cockrill Bend BLVD, Nashville, TN 37209			
Mailing Address (if different than above): Click or tap here to enter text.			
Telephone Number: 615-350-2700			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility Mission: To provide quality health and intensive mental health care in a setting that ensures a safe and secure environment.			
Facility Website with PREA Information: www.tn.gov/correction/artice/prison-rape-elimination-act-2003			
Warden/Superintendent			
Name: James M. Holloway		Title: Warden	
Email: James.M.Holloway@tn.gov		Telephone: 615-350-2747	
Facility PREA Compliance Manager			
Name: Sarah Weigum		Title: Acting PREA Compliance Manager	
Email: Sarah.P.Weigum@tn.gov		Telephone: 615-350-4946	
Facility Health Service Administrator			
Name: Tammy Farley		Title: Health Service Administrator	
Email: Tammy.M.Farley@tn.gov		Telephone: 615-350-4946	
Facility Characteristics			

Designated Facility Capacity: 800		Current Population of Facility: 793		
Number of inmates admitted to facility during the past 12 months				2362
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:				437
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:				1929
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:				136
Age Range of Population:	Youthful Inmates Under 18:	Adults: 18-80		
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:				
Average length of stay or time under supervision:				1 week to 5 years
Facility security level/inmate custody levels:				Minimum trustee, close
Number of staff currently employed by the facility who may have contact with inmates:				464
Number of staff hired by the facility during the past 12 months who may have contact with inmates:				172
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:				3
Physical Plant				
Number of Buildings: 15		Number of Single Cell Housing Units: 11		
Number of Multiple Occupancy Cell Housing Units:		7		
Number of Open Bay/Dorm Housing Units:		0		
Number of Segregation Cells (Administrative and Disciplinary):		56		
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):				
The facility has approximately ____ cameras. These cameras are located throughout the facility and monitored from the central control room.				
Medical				
Type of Medical Facility:		Acute Care		
Forensic sexual assault medical exams are conducted at:		Nashville General Hospital - MeHarry		
Other				

Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	265
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	1

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) Audit for the Lois DeBerry Special Needs Facility (DSNF) located at 7575 Cockrill Bend Blvd, Nashville, TN. 37243, was coordinated through the Tennessee Department of Corrections (TDOC) Office of Compliance and a solicitation for bid of contract. DOJ Certified PREA Auditor, Crystal Norment, a representative with 3D PREA Auditing and Consulting, LLC, Marianna, FL., 32447, was notified by an email from the Statewide PREA Coordinator that the bid was accepted to conduct the PREA recertification audit. DOJ Certified PREA Auditors Debra Dawson and Crystal Norment were assigned to conduct the audit. Ms. Norment served as the Lead Auditor. The PREA recertification audit was scheduled for December 18 – 19, 2017.

The audit process began prior to the on-site visit. Specifically, the audit process began with contact between the PREA auditors, the Statewide PREA Coordinator, and The Office of Compliance Director. A USB thumb drive was mailed to the auditor by Mr. Tom Joplin, Statewide PREA Coordinator. The drive contained the PAQ and supporting documentation for each of the 43 standards.

Following the protocols, including posting of notices (posting was initiated through 3D PREA Auditing and Consulting, LLC), the auditors began reviewing the material forwarded in the prior weeks. The auditors reviewed all information noted on the Pre-Audit Questionnaire (PAQ), and discussed any questions and/or discrepancies noted. The facility provided a response within a timely manner to all inquiries made by the auditors. The information from the standard files and the PAQ was used to complete the PREA Compliance Audit Instrument Checklist of Policies/Procedures; the PREA Resource Audit Instrument and other documents in advance to identify additional information that might be required and could be collected prior and during the audit visit. Information from the flash drive was used during pre-audit prior to the site visit and post audit when writing the report. Data received required confirmation of documentation that each part of the 43 standards was in place by policy and in practice by staff.

On Monday, December 18, 2017, at 8:00 a.m., the PREA auditors arrived for the initial PREA site visit at DSNF. An initial meeting took place in the Warden's Conference room. The meeting consisted of facility personnel assigned to assist the auditors during the audit process and tour of the facility. Those in attendance were: DOJ Certified PREA Auditors Debra Dawson, and Crystal Norment, Associate Warden (T) PREA Coordinator Corvelli Haynes, PREA Compliance Manager, Sara Weigum, PREA Compliance Manager, Jimmie Gregory, Captain Tomlin, and Investigator Samuel Roberts. The auditors explained the audit process, schedule and informed staff of the purpose of the audit was to observe and assess all areas of the facility in order to verify compliance with the 43 PREA Standards.

The auditors were provided with a physical plant unit schematic for a pre tour scheduling itinerary. The tour consisted of a site visit to all 14 buildings that compose the Deberry Special Needs Facility. The major part of the observation process was during the official tour of the facility utilizing the PREA compliance audit instrument – instructions for PREA audit tour while paying special attention to the following areas: intake/reception; general housing; segregated housing; maintenance shops; unit; academic/vocational programs; law library; food service; laundry/supply; health services; mental health; general library; and all other locations on the grounds of the DSNF was toured. The PREA audit instrument was used to look at areas recommended and questions to ask and the recording of the answers for use in deciding compliance in the standards. The auditors observed and confirmed PREA information was made available and provided to all inmates of their right to be free of sexual abuse and how to report incidents of sexual abuse posted. During the tour of the facility, the auditors observed logs that confirmed unannounced rounds are being conducted in all housing units and programming areas accessible to the inmate population. Unannounced rounds were noted as being conducted numerous times during a 24 hour period throughout the facility. The notice of the PREA audit was strategically posted in areas accessible to the staff, visitors and inmate population. The notice was documented as being posted on October 24, 2017. This was well in an excess of the required six week notification.

The Lois Deberry Special Needs Facility has an authorized staff compliment 464. There are 72 contract employees and 265 volunteers during the audit visit.

The DSNF uses resources from partner agencies to obtain the mission of the facility by obtaining various services through contracts. Medical care is provided by Corizon. Mental Health care is provided by Centurion. Food service is provided by Aramark.

The staff authorized compliment for security staff is 314. There were 257 security staff and 57 vacancies during the audit. The security staff are assigned to three shifts. Their hours of work are 6:00 a.m. - 2:00 p.m.; 2:00 p.m. – 10: 00 p.m. and 10:00 p.m. – 6:00 a.m. The auditors conducted interviews with security, non-security, specialized staff, volunteer and contractors that included male and female staff with years of service ranging from 3 months to 20 years. The auditors conducted 24 random sample staff interviews and 16 specialized staff interviews. The auditors completed a total of 40 staff interviews from staff covering all shifts.

The auditors selected and carefully examined a random sampling of personnel files, staff training files, and volunteer/ contractor files. The personnel files were very well organized. No staff is hired or allowed entrance until a thorough background check is completed. The training records were also very complete and included written documentation that staff, contractors, and volunteers received the required PREA training. The auditors also viewed signatures of staff on training forms documenting that the staff understood the PREA training received.

The auditors also selected and examined a sampling of inmate files and observed documentation of the inmate receiving PREA education, as well as documentation of risk screenings

Security staff selected for interviews was from each of the shifts assigned. Those interviewed included: Captains; Lieutenants; Sergeants; Correctional Officers; Segregation Supervisor; Intake Officer; intermediate/higher-level staff (unannounced rounds); and staff who perform inmate screening. Specialty staff interviewed included: Agency Contract Administrator; Agency Head/Designee; PREA Coordinator; educational staff; program staff; administrative staff; medical staff; mental health staff; human resource manager; SAFE/SANE staff; staff who perform screening for risk of victimization; volunteers; staff who perform first responder duties; contractors; investigative staff; Sexual Assault Response Team (SART) Members; incident review team member; and retaliation monitors.

Sampling techniques for interviews with inmates from each housing unit was selected by randomly selecting inmates throughout every housing unit using a current inmate roster. There are 2 housing units for the work cadre. There is a 4 pod unit that houses an honor pod for cadre workers, sex offender treatment pod, and Level 4 mental health inmates, and a step down mental health pod. There are segregation pods, assisted living and geriatrics pods. The medical unit has an ER, Terminal Care, medical isolation and Rehab pods. There is a pod that houses Intake.

An inmate roster was utilized for selection of 33 random inmates and of the selection of 15 targeted inmates for interviews, the auditors interviewed five (5). The following targeted groups of inmates were interviewed: 4 Inmate with a Physical Disability; 1 inmate with Limited English capability. There were no inmates at DSNF who were identified for the additional targeted groups as the following: Transgender, Gay, Bisexual; Inmates with a Cognitive Disability; Inmates in Segregated Housing for High Risk of Sexual Victimization; Inmates who reported abuse; or Inmates who disclosed sexual victimization during risk screening. Therefore a total of 38 inmates were formally interviewed. The auditors conducted 15 informal interviews with the inmate population during the various tours while questioning inmates on their knowledge and understanding of PREA standards. All inmates interviewed acknowledged receiving PREA training and shared their knowledge of PREA and how to report allegations of sexual abuse and/or sexual harassment.

The DSNF reported ten (10) PREA allegations were reported and investigated within the prior 12 months of the audit. Three (3) investigations involved allegations of staff on inmate sexual abuse. These (3) were found to be Unfounded. There were two (2) allegations of Inmate on Inmate abuse. These were Unfounded. There were five (5) allegations of staff on inmate harassment. These were Unfounded.

The investigative files were reviewed during the on-site visit and appeared to thoroughly document the investigation process per agency policy. Criminal investigative referrals were documented and proper referrals were made when warranted.

The facility provided the auditors various offices to hold staff and inmate reviews. Facility staff ensured the individuals selected were immediately available throughout the interview process. The auditors used

the PREA Audit Instruments for conducting : random sample of inmates; identified category inmates; random sample of staff (security and non-security); and specialized staff; Warden; PREA Compliance Manager; medical and mental health staff; administrative staff; SANE/SAFE staff; volunteers and contractors who have contact with inmates; investigative staff; staff who perform screening for risk of victimization and abusiveness; staff who supervise inmates in segregated housing; staff on the incident review team; designated staff member charged with monitoring retaliation; intake staff; security and zero non-security staff who performed as first responders.

TDOC website www.tn.gov/corrections gives an overview of their PREA Policy and provides additional information by clicking on the topic hyperlink.

At the conclusion of the on-site visit an exit meeting was held to discuss the audit findings. The following people were in attendance: DOJ Certified PREA Auditors Debra Dawson and Crystal Norment, Warden James Holloway, Associate Warden (T) Corvelli Haynes, Statewide PREA Coordinator Tom Joplin, and PREA Compliance Manager Sara Weigum.

The auditors explained the process that would follow the on-site visit. The auditors also explained that any standard findings of “Does Not Meet” during the audit would require corrective action and a possible follow-up visit to determine compliance. Finally, the auditors acknowledged the willingness of all staff involved to accomplish PREA compliance and advised the PREA team of their requirements to post the final report on the agency/facility website once completed

Facility Characteristics

The Lois DeBerry Special Needs Facility of the Tennessee Department of Corrections (TDOC) is a minimum – maximum security facility is located ten miles from Downtown Nashville, Tennessee at 7575 Cockrill Bend Blvd, Nashville, TN. 37243. The facility is located next to the Riverbend Maximum Security Facility where Cockrill Bend Blvd curves onto a dead end. The DSNF is a medical center that care for inmates from all of the Tennessee Department of Corrections facilities. They maintain a small work cadre to assist in the maintenance of their facility.

The facility was built on July 1, 1965. However, no upgrades to facilities or modification of the existing facility have been made since August 20, 2012, or since the last PREA audit site visit. The facility currently has approximately 150 cameras .

The administration building is adjacent to the entrance to the Main Compound. Prior to entering the compound, staff and visitors must present valid identification, clear a scanner, walk through metal detector, and pat search.

There are a total of 14 buildings. The chapel, vocational classrooms, library and education is located in Building 2. The laundry is located in Building 10. There is a commissary, warehouse, and maintenance area located outside the fence.

The rated capacity of the DSNF is 800. The inmate population count on the first day of the site visit was 742.

Medical, dental, and mental health services are available for the inmate population. Medical care is available 24 hours a day, seven days a week.

The mission of DSNF is to accomplish the mission of the agency. That is “To operate safe and secure prisons and provide effective community supervision in order to enhance public safety.”

Summary of Audit Findings

Number of Standards Exceeded: 0

Number of Standards Met: 43

115.11; 115.12; 115.13; 115.14; 115.15; 115.16; 115.17; 115.18; 115.21; 115.22; 115.31; 115.32; 115.33; 115.34; 115.35; 115.41; 115.42; 115.43; 115.51; 115.52; 115.53; 115.54; 115.61; 115.62; 115.63; 115.64; 115.65; 115.66; 115.67; 115.68; 115.71; 115.72; 115.73; 115.76; 115.77; 115.78; 115.81; 115.82; 115.83; 115.86; 115.87; 115.88; 115.89

Number of Standards Not Met: 0

Click or tap here to enter text.

Summary of Corrective Action (if any)

N/A

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of TDOC Policies 506.06; 502.06.02; and DSNF 502.06-1 it was determined by the auditors that TDOC and DSNF has written policies and procedures in place to support the agency's mission, and goal of maintaining a zero tolerance of sexual abuse and sexual harassment. The policies provide an outline of required practice in the agency's approach to preventing, detecting, and responding to the conduct of such. The policies include definitions of prohibited behaviors regarding sexual assault and sexual harassment of inmates with sanctions for those found to have participated in these prohibited behaviors.

The TDOC Policy 506.06 identifies the agency's strategies and responsibilities to detect, reduce and prevent sexual abuse and sexual harassment of inmates. During interviews with the selection of random staff and specialty staff, each confirmed receiving PREA training and was knowledgeable of their responsibilities. Those individuals interviewed shared their understanding of the agency's zero tolerance in sexual abuse and sexual harassment within the guidelines of the PREA standards. PREA posters and literature describing the agency's zero tolerance of sexual abuse and sexual harassment were observed by the auditors strategically located and accessible throughout the facility for staff and inmate awareness. Additionally during shift exchange the higher level supervisors have taken a role in conducting PREA training during the various shift changes in an effort to share the importance of knowing and abiding by the PREA standards and enforcing compliance of each.

In accordance with the Edison Job Data Information: Appointing Agency; Memorandum Appointing Facility PREA Compliance Manager; TDOC Organization Chart; and DSNF Organization Charts confirmed TDOC has designated an upper-level agency-wide State-wide PREA Coordinator, (Correctional Program Director 2) with authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all facilities. During an interview with the Statewide PREA Coordinator, he confirmed he has sufficient time to fulfill his obligations in the development, implementation and maintaining oversight of the agency's compliance with PREA standards in all TDOC facilities.

The DSNF is one of several facilities managed by TDOC. During an interview with the Statewide PREA Coordinator, he explained he is assigned to monitor all 10 TDOC facilities. The Associate Warden of Treatment at each of the 10 facilities is assigned as the facility PREA Coordinator. He continued in stating he frequently communicate with each facility PREA Coordinator/Associate Warden of Treatment

and each PREA Compliance Manager in an effort to monitor and maintain compliance with each PREA standard. Their interaction occurs through annual meetings, emails, telephone calls, memorandums, and policy reviews. Communications is also maintained directly with the Warden as needed or staff at the facility. He further stated, he also provides direction on operational procedures in the field and there is always an open channel of communication. During interviews with the PREA Compliance Manager and facility PREA Coordinator, they each confirmed frequent communication, interaction in meetings, and committed involvement.

A PREA Compliance Manager is assigned at each TDOC facility. A review of the DSNF organizational chart revealed the assigned PREA Compliance Manager is an Administrative Staff. During an interview with the PREA Compliance Manager, she confirmed she has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PREA Compliance Manager has direct access to the Warden to report any and all PREA issues.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☒ Yes ☐ No ☐ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of TDOC 502.06, CCA Contracts; Residential Treatment Center Contracts, Annual Inspection Instrument PREA; TDOC requires employees of entities contracting with the TDOC to comply with applicable TDOC policies, procedures, regulations, and posted rules.

Documentation of Contracts for TDOC facilities was reviewed by the auditors. Each of the contracts and/or modification of contracts for confinement of inmates in private agencies, and other entities to include government agencies documented that the contracting agency shall comply with PREA Standards for Adult Prisons and Jails and report any offender's sexual assault or sexual harassment to the TDOC and in accordance with Department policy. The requirement is noted in all new contracts and upon renewal of existing contracts; these contracts are modified to include the requirement.

DSNF does not have a current contract with an entity to house its inmates. The facility contracts with Centurion, Corizon, and Aramark are managed by a Regional Contract Administrator.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial

findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☐ Yes ☐ No ☒ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of the DSNF staffing plan; TDOC 502.06 PREA Implementation and Compliance; CR-3964 PREA Annual Staffing Review and Master Roster; Log Book Entries and interviews with the PREA Compliance Manager, PREA Coordinator, and Warden, it was determined policies and procedures are in place to confirm DSNF has developed, documented, and makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, DSNF has taken into consideration: 1) Generally accepted detention and correctional practices; 2) Any judicial findings of inadequacy; 3) Any findings of inadequacy from Federal investigative agencies; 4) Any findings of inadequacy from internal or external oversight bodies; 5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); 6) The composition of the inmate population; 7) The number and placement of supervisory staff; 8) Institution programs occurring on a particular shift; 9) Any applicable State or local laws, regulations, or standards; 10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and 11) Any other relevant factors. During an interview with the Acting Warden/Associate Warden (T), she confirmed the facility has a staffing plan that provides an adequate staffing level to protect inmates against sexual abuse by the use of staff supervision, placement of mirrors, and video surveillance that monitor inmate activities throughout the facility. During interviews with the Associate Warden (T) and Investigative Staff, it was confirmed the facility currently has approximately 346 cameras.

In accordance with the review of TDOC Policy 502.06; Staffing Plans; interviews with the Warden, Associate Warden (T), Agency PREA Coordinator, and PREA Compliance Manager, policy and procedures are in place that require each facility to develop a staffing pattern that provides for the adequate levels of staffing and monitoring to protect inmates and residents against sexual abuse. Each year by July 1, the Warden/Associate Warden shall assess, determine and document whether adjustments are needed to the facility staffing. The review will follow the guidelines of CFR 113.13 (a), (b) and (c). A written report shall be provided to the Assistant Commissioner of Prison and the TDOC PREA Coordinator of the findings of this review. Copies of the Staffing Plan for 2015, 2016, and 2017, were provided for review by the auditors. The Staffing Plan was established pursuant to paragraph (a) of this section that gave consideration of the 11 areas noted in regards to the physical layout and daily operational needs of the facility.

In accordance to TDOC Policy 502.06 procedures are outlined for circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan. A review of Post Assignment Schedule revealed assignment posts are identified as Critical or Non-Critical Post. All critical posts are required to fill each shift. The Post Assignment Schedule is reviewed by the Warden and Assistant Commissioner of Prisons. There were no deviations from the Staffing Plan implemented during the past 12 months. During an interview with the Warden, he indicated critical post positions will never be vacated and overtime would be authorized prior doing so.

In accordance to TDOC Policy 502.06; and review of logs, it was determined by the auditors that DSNF has policies and practices in place to maintain compliance of PREA Standard 115.13 Supervision and monitoring. Intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. A review of the unit/program log books are annotated with “Unannounced PREA Inspection.” A review of the logs supports rounds are properly noted during day and night shift. The unannounced rounds are documented by intermediate-level and higher-level supervisors.

In accordance with TDOC 502.06, any staff member alerting another staff member that these unannounced rounds are occurring will be subject to appropriate disciplinary action. A review of the logs and interviews with supervisory staff confirmed the unannounced rounds are not completed in a pattern and are not consistently completed throughout the shift. A variation of conducting rounds is utilized in an effort to identify and deter staff sexual abuse and sexual harassment. Unannounced rounds were observed being documented by signatures of intermediate-level and higher-level supervisors in log books in all housing units. The practice of conducting unannounced rounds and the violation of staff advising others of such rounds was confirmed during interviews with the Warden, Associate Warden and intermediate level supervisory staff.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)
☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with TDOC 506.14.2 the agency has policy and procedures for housing youthful offenders. However, their policy reference youthful offenders less than the age of 16 years of age custody shall not be accepted. DSNF is designated for males over the age of 18.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) ☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates?
☒ Yes ☐ No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with TDOC 305.03; TDOC 502.06; TDOC 506.06; DSNF 502.06.2-1 2; review of Training Program Curriculum for pre-service, in-service, and during shift exchange, the agency and DSNF has policy in place that refrain from conducting any cross-gender strip or cross-gender visual body searches, except in exigent circumstances or by medical practitioner. All searches are required to comply with the policy as dictated. Any such searches of cross-gender strip or cross-gender visual body searches must receive prior approval and must be documented.

During interviews with the selection of random and specialty staff, each acknowledge their awareness of being prohibited from conducting cross-gender visual searches and or cross-gender visual body searches. They were well aware of the agency's policy and its requirements for these type searches if ever required as documenting the reason for conducting such and identifying the approving official.

During formal and informal interviews with the inmate population, all interviewed confirmed they have never been restricted access to regularly available programming or other out of cell opportunities due to the unavailability of a male staff member to conduct a pat-down search.

In accordance with TDOC 305.03; TDOC 502.06; TDOC 506.06; DSNF 502.06.2-1 2; review of Training Program Curriculum for pre-service, and in-service, the agency has policy against conducting a strip search on a transgender and/or intersex offenders for the sole purpose of determining genitalia status. A review of the submitted PAQ and interviews conducted with staff and the inmate population, confirmed no cross gender strip searches or cavity searches were completed at the DSNF during the last 12 months.

The auditors did review staff training records for 2014, 2015, and 2016, with the Human Resources staff. The documentation revealed all staff at the DSNF received training on conducting cross-gender pat-down searches of transgender and intersex inmates in a professional and respectful manner, and never for the purpose of determining genitalia status. The staff that participated in the random interviews during the site visit also confirmed this training.

The auditors toured the facility spending a significant amount of time in all the living areas at the facility. The staff compliment consists of a male and female population. The female staff entering the housing units was observed verbally announcing their presence prior to entering. A large percentage of the staff is female at this unit. Inmates also confirmed this practice as well during random and targeted interviews. The practice of the female staff announcing their presence was also confirmed during inmate and staff interviews.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with TDOC 502.06; TODC 103.10.0; LEP Plan; and DSNF; it was determined the agency take appropriate steps to ensure inmates with disabilities (including inmates who are deaf or hard of hearing, those who are limited English proficient and low level functioning, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Specifically, the agency has a variety of available translating services to utilize as needed that includes: AVAZA Languages Services @ (615) 534-3400; Interpretation & Translation Services, TN Foreign Language Institute @ (615)-741-7579; Chattanooga Translating Services @ (423)265-5453; ALS of Chattanooga @ 1-800-755-5775.

In accordance with TDOC 502.06; staff shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances such as an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-responder duties or investigation of the inmate's claim. A posting of the TOMIS Contact Note-LCDG is posted identifying the name of the assistor and their organization. A memorandum was submitted by the PREA Compliance Manager acknowledging that DSNF did not have an inmate who needed LEP services. Interviews with inmates within the population also confirmed they were not aware of any inmates who needed LEP services. However; a list of available staff that can provide LEP services is maintained, the auditor spoke with one of the staff and he identified an inmate with limited English speaking ability. The auditor interviewed this inmate with the staff acting as interpreter and he was knowledgeable of PREA.

Each inmate arriving at the DSNF receives a facility orientation booklet, available in Spanish and English. This booklet is not only an overview of the agency/facility rules and general information, but it

also details the agency's PREA policy as well. It outlines to the inmates how to report, to whom to report incidents of sexual abuse and sexual harassment without fear of being punished for reporting.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with TDOC Policy 301.04; CR-3819; CR-3962; interviews with Human Resource Staff, Warden, Associate Warden (T), and PREA Compliance Manager, in addition to the review of random selected personnel files confirmed compliance with this standard. It was confirmed DSNF does not hire or promote anyone who has contact with inmates and does not enlist the services of any contractor or volunteer who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution that has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. Additionally, a review of the policies and application process confirms the hiring of an individual identified in this standard is strictly prohibited.

In accordance with TDOC Policy 301.04; an NCIC is completed on all individuals prior to an offer of employment in an effort to detect any prohibited cause of hiring. Specifically, the agency assigns a staff member to complete all NCIC and forward to the Human Resource Department for further review. In addition to conducting a background check on all possible new hires and/or employees seeking promotion, employees are required to complete a Self-Declaration of Sexual Abuse/Sexual Harassment annually.

These policies require a criminal background check be conducted on everyone (employee, contractor, volunteer) who enters any Tennessee facility regardless if he/she has contact with any offender or not. These specific hiring policies prohibit hiring or promoting anyone or enlisting the services of any contractor: (1) that engaged in sexual abuse in any prison, jail, lockup, community confinement facility, juvenile facility, or other institution; (2) anyone who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or

coercion, or if the victim did not consent or was unable to consent or refuse. Anyone found with any of these conditions is prohibited entrance into all TDOC facilities.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

There has been no substantial expansion at the DeBerry Special Needs Facility since August 20, 2012. The facility currently has approximately 346 cameras. The auditors reviewed cameras within the Investigator's office. There were no violations of privacy noted during the viewing of showers, toilets, change of clothing or performing bodily functions. During an interview with the facility Associate

Warden (T)/ on site PREA Coordinator, she acknowledged the PREA Compliance Manager would indeed have a prominent role in the location process for any video equipment.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness

to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of TDOC 502.06.2; TDOC 502.06.3; it is confirmed that policies mandate all investigations conducted within any TDOC facility adhere to investigative and evidence protocols based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, or similarly comprehensive and authoritative protocols developed after 2011.

The TDOC Office of Compliance and Investigations assign an Institution Investigator at each facility to conduct investigations. The Institution Investigator is supported by the next ranking TDOC investigator, Special Agent within the TDOC Office of Compliance and Investigations

Forensic examinations, for DSNF victims of sexual assault, are provided by Nashville General Hospital Meharry. During an interview with the SANE Practitioner at Nashville General Hospital Meharry, she stated the hospital maintain an on-call roster for instances in where the qualified staff member is not on duty during the need. However, TDOC policy allows for qualified medical practitioner to perform the forensic medical examination.

The TDOC has successfully obtained a Memorandum of Understanding with The Sexual Assault Center. Additionally, DSNF maintain a list of the facility's PREA Victim Advocate which is posted for inmate and staff awareness. A selection of qualified staff have received serve as victim advocate from the A review of these member's training records revealed they have received the proper training to fulfil these responsibilities as a PREA Victim Advocate that includes supporting the victim through the forensic medical, examination process and investigatory interviews, providing emotional support, crisis intervention, information, and referrals if necessary.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with TDOC 502.06.2; PREA Investigation Checklist; interviews with TDOC Commissioner; Associate Warden (T); and Investigative Staff; and review of agency's PREA website; it was determined by the auditors that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The TDOC Commissioner indicated during an interview, that once an allegation is received, it is investigated by the Office of Investigative Compliance. The Office of Investigative Compliance has authority to conduct investigations on both administrative and criminal cases of sexual abuse and sexual harassment. These investigations are completed by the Office of Investigative Compliance Institution Investigator and/or Special Agent. In cases where criminal charges may be referred for possible criminal prosecution, the Special Agent is involved as he has arresting authority.

During an interview with the Institution Investigator and a review of allegations of sexual abuse, sexual harassment and or sexual assault, ten (10) PREA allegations were reported and investigated within the prior 12 months of the audit. Three (3) investigations involved allegations of staff on inmate sexual abuse. Three (3) were found to be Unfounded.

There were five (5) allegations reported for staff on inmate sexual harassment. All five (5) was concluded as Unfounded.

There were two (2) allegations reported for inmate on inmate sexual abuse. These two allegations of sexual abuse was concluded as Unfounded,

A review of the agency's website www.tn.gov/corrections supports the agency's committed to informing the public of the agency's zero tolerance for sexual abuse and sexual harassment. Specifically, the website has notes "TDOC Law Enforcement Unit, in consultation with the department's legal office, aggressively refer substantiated cases of sexual assault by offenders or employees to the local district attorney's office for criminal prosecution."

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No

- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training?
☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with the review of the Tennessee Correction Academy Program Curriculum Course Code; GEN 4-18, is being utilized for both pre-service and in-service training PREA training to each TDOC staff. It was determined by the auditors, the agency's training and policy requirement is in compliance with this standard. Subject matter includes: (1) The Agency wide zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) An offender's right to be free from sexual abuse and sexual harassment; (4) Staff and offender's right to be free from retaliation for reporting sexual abuse and sexual harassment; (5) recognizing the dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with offenders; (9) How to communicate effectively and

professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

DSNF is designated as an adult male correctional facility. Training is tailored to the gender of the male inmate population. Upon the transfer of staff from a female correctional facility, they are required to complete training tailored to the male inmate population at DSNF.

PREA training documentation is tracked electronically in addition to staff signatures indicating their attendance and understanding of the given training.

Random staff interviews conducted during the site visit included both security and non-security staff. All confirmed their training included the above listed subject matter and each detailed how they would respond to any allegations if confronted with that specific situation. All staff at DSNF are trained as a first responder. The random staff interviewed detailed their response to abuse by informing the auditors they would first separate the alleged victim, secure the area, contact their supervisor and preserve evidence from destruction. During the interview process with non-security first responders, each confirmed that they would immediately secure the alleged victim and then contact security staff.

All staff received PREA training during pre-service and in-service training annually. Security staff receives additional PREA training during shift exchange. Staff are issued a "PREA Action Badge" to have in their possession for referencing.

The auditors reviewed DSNF training records for 2015, 2016, and 2017. The required mandated PREA in-service training was provided to all staff working at the facility during those times. Only those who were out for long-term absence missed the training, but each is required to receive the training upon their return to duty.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

A sample review of PREA training documentation for contractors and volunteers support PREA training was completed and documented on the TDOC CR-2935. A review of the training curriculum supports volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The auditors reviewed the training curriculum and training records for a sampling of contractors and volunteers for years 2015, 2016, and 2017. The documentation indicated their receipt and understanding of the zero tolerance policy. The agency's Chaplain provides annual PREA to the 265 volunteers in October of each year. Those who have not completed the required training by the end of the year are removed as a volunteer. Contractors are also required to complete mandatory PREA training annually that is conducted by TDOC. Interviews conducted with contractors/volunteers confirmed each had received the training and signed documents indicating their understanding of the TDOC policy.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received such education? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Upon an inmate's arrival at DSNF, informational PREA posters are accessible for viewing by the inmate population in the In-take area. These posters provide information of the facility's zero tolerance policy for sexual abuse and sexual harassment. They advise the inmate on how and to whom to report sexual abuse or sexual harassment allegations if they become aware of it or experience it. A PREA video is also continuously played during the in-take process for viewing by the arriving inmates. The inmates receives and signs for a copy of the TDOC Inmate Rules and Regulations Handbook. This manual provides each inmate with information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. It also directs them how to report incidents or suspicions of sexual abuse or sexual harassment verbally, anonymously or in writing. In this document it also indicates that should the inmate have any questions about anything related to PREA it is documented in the TDOC Inmate Rules and Regulations Handbook. Site-specific information is provided in the Institutional Handbook.

DSNF is a medical center for inmates whose parent facility is within the TDOC system. Inmates complete the in-take process within 14 days. Inmates receive comprehensive PREA education either in

person or through the video. Any inmate who has not received verbal and written PREA orientation and education are required to receive it. Documentation of the orientation education is included in the inmate's file on Orientation Acknowledge, CR-2110. The PREA education material is available in English and Spanish and states the agency's policy on zero tolerance, explaining to the offender, how and who to report any allegation of sexual abuse/ harassment to without fear of retaliation.

In accordance with TDOC 502.06.1, the agency provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, as well as to offenders who have limited reading skills. PREA informational Signs (located in all areas accessible by the inmate population) and the informational booklets were available in English and Spanish. There were no inmates at the facility during the site visit who was LEP. In addition to having staff who can successfully communicate with inmates identified as LEP, the medical department has access to a Foreign Language Institute and numerous other services that can provide interpretive service as needed.

During interviews with a random selection of inmates, each confirmed that PREA information was provided to them both verbally and in writing. The auditors also interviewed two members of the intake staff who confirmed that inmates who may have difficulty hearing the PREA video narrative also receive it in writing.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with TDOC 502.06.2; Training Curriculum and Certification of documented training, the auditors confirmed the investigative staff received PREA Specialized Investigator training as required under each element of this standard. TDOC investigative staff receive intense training through the Tennessee Bureau of Investigations. During interviews with the investigator, he provided the auditors with a detailed content of the Investigative training received. The curriculum and training information they provided to the auditors included course topics on: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Training records support the completed training.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) ☒ Yes ☐ No ☐ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with TDOC Policies 502.06.3; 502.06.1; 502.06; training documentation; and interviews conducted, it is determined TDOC and DSNF is in compliance with all elements of this standard. Medical staff is contracted through Centurion. Mental Health staff are contracted through Corizon. These contract staff utilizes the PREA Resource Center Specialized Training Curriculum to receive their 4.0 hours of specialized training. The training is held at the TDOC facility where the contract employee is assigned. The course includes: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; (4) How and whom to report all allegations or suspicions of sexual abuse and sexual harassment.

TDOC require all contractors to include mental and medical health staff to attend a required mandatory Day 1 CORE 8.0 hour training annually which includes PREA training

The auditors conducted interviews with medical and mental health practitioners during the site visit. Both indicated that this additional training was required of their staff and all had received it. Documentation receipt of training was made available for the auditors.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the

inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with TDOC 502.06.1; every inmate who arrives at the TDOC receives a risk screening for sexual victimization or sexual abusiveness toward other offenders by the Intake Staff. If the inmate arrives on a weekend or after normal business hours she waits no longer than 72 hours from the date of her arrival. The auditors had the opportunity to observe the intake process and risk assessment during the site visit.

The DSNF is a medical center for TDOC inmates. During the prior 12 months 437 inmates remained for 30 days or more. During the prior 12 months, there was 1929 inmates' length of time at the facility for 72 hours or more. Every inmate arriving at the DSNF receives an orientation booklet and a PREA pamphlet. Typically the inmate views the PREA informational video during the intake process on day 1. Those inmates that do not see the video upon arrival are shown the video usually within a week.

Prior to each assessment the Intake Staff reviews all information the facility may have or have access to. Staff specifically looks for any abusiveness or prior victimization that may be noted. The assessment begins by asking the offender: (1) if he has a mental, physical, or developmental disability; (2) his age; (3) whether the offender has previously been incarcerated; (4) whether the offender's criminal history is

exclusively nonviolent; (5) whether the offender has prior convictions for sex offenses against an adult or child; (6) whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (7) whether the offender has previously experienced sexual victimization; (8) for his own perception of his vulnerability; (9) and conducts an assessment of the physical build of the offender. The Intake Staff also assesses if the offender is perceived to be gender nonconforming. Any inmate who may be at risk based on this screening has a Medical and/or Mental Health referral immediately completed and forwarded on behalf of the inmate.

Those inmates remaining longer than 30 days appear before the Unit Classification Committee who performs the second risk assessment. Prior to their appearance before this committee, the committee is provided with the inmate's completed initial risk assessment form, which they review along with her prior institutional record, pre-sentence investigation information and any other information they have available to them.

The auditors conducted interviews with the screening staff and the Chief of Unit Classification. All confirmed the TDOC PREA policy is followed to ensure an inmate's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. These interviews also confirmed that TDOC policies prohibit inmates being disciplined for refusing to answer, or for not disclosing complete information in response to any questions asked during the risk assessment.

During interviews with a random sampling of inmates, the auditors confirmed they received a risk assessment upon arrival and those remaining received a second assessment within the first thirty (30) days. The auditors reviewed inmate's records and confirmed they were in fact completed and documented. During interviews with the inmates, they also confirmed they are not disciplined for refusing to answer, or for not disclosing complete information in response to any questions asked during the risk assessment.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with TDOC 502.06.1 PREA Screening, Classification, Education, and Monitoring; Sexual Aggressor/Victim Classification Screening; interviews with Associate Warden (T); Statewide PREA Coordinator; PREA Compliance Manager; and Intake Staff, the auditors confirmed compliance with all measures of this standard. Staff interviews confirmed staff identifies victims/abuser in the electric system that prevents them from being assigned in housing units/cells together. The screening system is based on a point system to identify an inmate as a victim or an aggressor. This information is reviewed prior to assigning inmate housing, bed, work, and education assignments. It is determined that DSNF uses the information from the risk screening assessment required by 115.41 with the goal of

keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive to inform 1) housing assignments; 2) bed assignments; 3) work assignments; 4) education assignments; and 5) program assignments.

In accordance with a review of TDOC 502.06.1 P. 4; TDOC 113.37 P. 5 it is determined that DSNF makes individualized determinations about how to ensure the safety of each inmate. TDOC as an agency determines whether to assign a transgender or intersex inmate to a facility for males or females on a case-by-case basis. Placement is reviewed to determine whether a placement would present management or security problems and would ensure the inmate's health and safety. DSNF considers on a case-by-case basis when making housing and other program assignments for transgender or intersex inmates if the placement would ensure the inmate's health and safety and whether a placement would present management or security problems. Placements for transgender or intersex inmates are reassessed at least twice each year to review any threats to safety experienced by the inmate. There were no transgender inmates assigned to DSNF; however, if there were an assessment would be conducted at DSNF every six months.

In accordance with TDOC 113.37 P. 5 each transgender or intersex inmate's own views with respect to his or her own safety is given serious consideration when making facility and housing placement decisions and programing assignments.

In accordance with TDOC 113.37 it is determined that DSNF would allow transgender and intersex inmates the opportunity to shower separately from other inmates. DSNF has individual showers and toilet stalls

In accordance with TDOC 502.06.1 it is determined that DSNF does not have a dedicated unit or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates.

In accordance with TDOC 502.06.1 PREA Screening, Classification, Education, and Monitoring; Sexual Aggressor/Victim Classification Screening; interviews with Agency-Wide PREA Coordinator; PREA Compliance Manager; and Intake Staff, the auditors confirmed compliance with all measures of this standard.

Staff interviews with staff that perform intake screening confirmed staff identifies victims/abuser in the electric system that prevents them from being assigned in housing units/cells together. They continued by saying the screening system is based on a point system to identify an inmate as a victim or an aggressor. This information is reviewed prior to assigning inmate housing, bed, work, and education assignments. The Unit Classification Committee's primary consideration and concern when making these assignments is keeping offenders at high risk of being sexually victimized safe from those at high risk of being sexually abusive. This information is restricted to the Counselors and Associate Warden

(T). The information obtained is only shared with staff on a as need to know basis. There are no dedicated housing units based on sexual identity as transgender or bi-sexual at DSNF.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?
☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with TDOC Policy 502.06.2 DSNF is prohibited from placing inmates who may be at high risk for sexual victimization in protective custody unless an assessment of all available alternatives have been explored and there is no other available means to protect him. This policy further states that if this assessment cannot be completed immediately, the facility may only hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment.

Interviews conducted with the Associate Warden (T) and the Unit Segregation Supervisor indicated that for the last 12 months restricted housing had not been utilized for the placement of any inmates who was at risk of victimization. They further indicated that if it did become necessary to utilize restricted housing for this purpose the inmate would have access to programs, privileges, education, and work opportunities to the extent possible as general population and any restrictions would be document the basis for the facility's concern for the inmate's safety and the reason why no alternative means of separation be arranged

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request?
☒ Yes ☐ No

- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☐ Yes ☒ No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

In accordance with a review of TDOC 502.06.2 P.2; Inmate Handbook P. 27-28; TDOC 501.01 PCN #15-14; Facility PREA Tip Line (*9222); it is determined that DSNF provides multiple internal ways for inmates to privately report sexual abuse or sexual harassment; retaliation by other inmates or staff for reporting sexual abuse or sexual harassment; or staff neglect or violation of responsibilities that may have contributed to such incidents.

In accordance with the Memorandum of Understanding with The Sexual Assault Center; and TDOC 502.06.2 P. 2 it is determined that DSNF provides at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. The Sexual Assault Center is able to receive and immediately forward an inmate's report of sexual abuse or sexual harassment to agency officials. The Sexual Assault Center allows inmates to remain anonymous upon request.

DSNF does not have any inmates detained solely for civil immigration purposes.

In accordance with TDOC 502.06.2 P.2; A Completed Sexual Abuse/Harassment Incident Review Report it is determined that DSNF does allow staff to accept reports of sexual abuse or sexual harassment made verbally, in writing, anonymously, and from third parties. During interviews with random DSNF staff, each stated they would promptly reports received verbally, in writing, submitted anonymously, and from third period.

In accordance with TDOC 5202.06.2 P.2; PREA Tip line it is determined that DSNF provides a method for staff to privately report sexual abuse and sexual harassment of inmates. In accordance with TDOC 502.06.; Available list of SART Sexual Abuse Response Team (SART); DSNF Inmate Handbook; Staff PREA Tip Line Sheet; PREA posters, PREA Hot Line Number; interviews with random selection of inmates and staff, the auditors confirmed the agency offer the inmate population and staff multiple avenues to meet the requirements of this standard.

During interviews with the inmate population and staff, each quoted multiple methods in which inmates could report allegations of sexual abuse and or sexual harassment. Inmates confirmed they would

advise a staff member or call the PREA Hotline. During staff interviews, each staff stated they would immediately notify their supervisor and document verbal reports of sexual abuse or sexual harassment prior to departing their shift. During an interview with the Investigative Staff, he stated he would immediately conduct an investigation that he received anonymously.

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☐ Yes ☒ No ☐ NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** *(Requires Corrective Action)*

In accordance with a review of TDOC 501.01 PCN #15-14 it is determined that DSNF has an administrative remedy program and the facility permits inmates to submit a grievance regarding an allegation of sexual abuse without any time limits; DSNF does not require inmates to use any informal grievance process or to otherwise attempt to resolve with staff an alleged incident of sexual abuse. DSNF ensures that an inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint and the complaint is not referred to a staff member who is the subject of the complaint.

In accordance with a review of TDOC 501.01 PCN #15-14 it is determined that DSNF issues a final decision on the merits of any portion of a grievance alleging sexual abuse with 90 days of the initial filing of the grievance. If DSNF claims the maximum allowable extension of time to respond up to 70 days when the normal time period for response is insufficient to make an appropriate decision, the inmate is notified in writing of any such extension and provided a date by which a decision will be reached. At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any extensions, the inmate may consider the absence of a response to be a denial at that level. DSNF reported had one grievance files related to a PREA issue. The grievance was resolved and determined to not have merit.

In accordance with TDOC 501.01 PCN# 15-14 it is determined that third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, may assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse. These third party advocates may also file such requests on behalf of the inmate. If the inmate declines to have the request processed on her behalf, DSNF will document the inmate's decision.

In accordance with a review of TDOC 501.01 PCN #15-14 it is determined that DSNF has established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse, and after receiving such an emergency grievance DSNF will forward the grievance to a level of review at which immediate corrective action may be taken. DSNF will provide an initial response within 48 hours and issue a final decision with 5 calendar days. The initial response and final decision will document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the agency's actions taken in response to the emergency grievance.

In accordance with TDOC 501.01 PCN# 15-14 it is determined that DSNF will only discipline an inmate for filing a grievance related to sexual abuse where it is determined that the inmate filed the grievance in bad faith.

Based on random interviews of inmates at DSNF, it is determined that inmates are aware of their ability to file a grievance to report an allegation of sexual abuse or sexual harassment. This method is explained in the inmate handbook and it is posted on the inmate bulletin boards.

There were zero (0) PREA related grievances filed at DSNF within the prior 12 months.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with TDOC Policy 502.06.03; and Inmate Handbook; DSNF has successfully entered into a MOU with a Community Victim Advocate group to provide victim advocates for emotional support services related to sexual abuse. Specifically the MOU is a signed agreement between the Tennessee Department of Corrections and the Sexual Assault Center (SAC) of Middle Tennessee. A posting of this available resource is located on bulletin boards throughout the facility which are accessible to the inmate population. A telephone number for an unmonitored call is also included in the posting.

During interviews with the inmate population, the majority were aware of the outside support services because the information is located in their inmate handbook and/or by observing it on the bulletin boards. The DSNF does not hold inmates solely for civil immigration purposes.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with TDOC Policy 502.02, review of TDOC website; PREA Guide to Prevention and Reporting of Sexual Misconduct for TDOC, it was determined the agency has established numerous

method for third-party reporting for sexual abuse allegations. An agency website is available at, www.tn.gov/correction.

During the tour of the entry and visiting area, the auditors also observed PREA posters (in Spanish and English) listing phone numbers, mailing addresses and email addresses where anyone can report an allegation of sexual abuse and/or sexual harassment on behalf of any inmate.

Inmates disclosed to the auditors during their interviews they could have family or friends make a sexual abuse/harassment reports on their behalf if they elected to do.

During an interview with the Investigative Staff, he stated he would immediately conduct an investigation that he received to include those reported anonymously.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?
☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of TDOC 502.06.2 P. 2-3 it is determined that DSNF require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding 1) an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; 2) retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment; 3) any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation.

In accordance with TDOC 502.06.2 P.2 it is determined that apart from reporting to designated supervisors or officials DSNF staff refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Medical and mental health practitioners are required to report sexual abuse pursuant to paragraph (a) of this standard. Medical and mental health practitioners are required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

In accordance with TDOC 502.06; 502.06.2 it is determined that DSNF staff report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to the designated investigators.

Based on interviews with Medical and Mental Health staff it is determined that they are aware of the laws regarding their duty to report and the limits of confidentiality.

During interviews with random staff it is determined that staff are aware of their duty to report and their responsibilities if an inmate makes an allegation either verbally or in writing.

Based on interviews with random inmates it is determined that inmates are aware of third party reporting, reporting anonymously, and reporting verbally or in writing.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with TDOC Policy 502.06.2; and interviews conducted; TDOC and DSNF has policy and procedures in place to ensure when the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. The TDOC Commissioner indicated during his interview, per TDOC policy, staff would immediately separate the inmate from the threat while allowing the inmate as much programming as possible but may also require the inmate to be transferred or placed in protective custody.

During the 24 random interviews that included security and non-security staff, each confirmed upon their awareness that if an inmate is subject to a substantial risk of imminent sexual abuse, they would

immediately remove the inmate from the area of threat and notify their supervisor/ ranking official for further directions.

During an interview with the Warden, he confirmed each case would be evaluated by the facility's investigative staff based upon the nature of the report and the potential harm. The alleged possible assailant would be removed and upon completion of an investigation if a transfer is warranted. Whatever actions needed to protect an inmate from a substantial risk of imminent sexual abuse would be utilized that may require moving the inmate at risk or the potential predator to another housing unit or transfer. There were no inmates identified as subject to a substantial risk of imminent sexual abuse during the past 12 months at DSNF.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** *(Requires Corrective Action)*

In accordance with TDOC Policy 502.06.2 interviewers with Investigative Staff, TDOC Commissioner; and Warden; it was determined TDOC has policy in place that all allegations of sexual abuse while confined at another facility requires the Warden of the facility that received the allegation shall notify the head of the facility where alleged abuse occurred not later than 72 hours after receiving the allegation. The facility is required to document it has provided such notification. The Warden that received such notification shall ensure the allegation is investigated in accordance with TDOC policy.

During an interview with the TDOC Commissioner, he confirmed the policy stated and identified the investigator on site at each facility is as the point of contact for these notifications. The Commissioner also confirmed there some instances of allegations being reported at some of the facilities within his agency but not at all.

During interviews with the investigative staff, and Associate Warden (T), both were very knowledgeable and explained in detail the notification and investigative process. However, they each reported no notifications have been made nor received at DSNF within the prior 12 months of the audit.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any

actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with TDOC Policy 502.06.2, DSNF 502.06.2-1; Training Curriculum per-service and in-service training rosters; PREA Action Badges; and staff interviews, it was determined TDOC has policy and procedures that ensures all security staff, non-security staff, volunteers and contractors receive proper training to respond to allegations of sexual abuse and sexual harassment.

A selected group of TDOC staff serve as members of the Sexual Assault Response Team (SART). A member of this team and the Institution Investigator are required to be notified upon all allegations of sexual abuse being reported. Depending on the circumstances of the reported allegations, one of these individuals will report to the facility or provide guidance to the on duty ranking supervisor.

During interviews with 24 random staff , each reported they would separate the alleged victim and abuser, preserve and protect any crime scene, insure that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. Depending on the circumstances, the same actions would be taken with the alleged abuser.

They continued by stating after securing/separating the alleged victim, they would immediately contact the on duty ranking security supervisor who would take farther charge of the situation. Security staff was observed carrying an issued PREA Action Badge on their person that can be utilized as reference if needed. However, each staff member interviewed was able to articulate their responsibility as a first responder without referencing the card.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with TDOC Policy 502.06.2-1; Sexual Abuse Incident Check Sheet (CR-3776) it was determined by the auditors that the agency has developed a written institutional plan that meets all elements of this standard. The plan is described in sections A – C of the policy. Additionally, the agency requires the use of Sexual Abuse Incident Check Sheet, CR-3776 as a reference guide to ensure the written institutional plan is adhered to.

A selected group of TDOC staff serve as members of the Sexual Assault Response Team (SART) who are assigned the responsibilities of ensuring the agency follow proper PREA protocol upon receiving allegations of sexual abuse. The SART is comprised of personnel in supervisory roles. A member of this team and the Institution Investigator are required to be notified upon all allegations of sexual abuse being reported. Depending on the circumstances of the reported allegations, one of these individuals will report to the facility or provide guidance to the on duty ranking supervisor. The postings of the SART members are located on bulletin boards throughout the facility for viewing by both staff and inmate.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with an interview with the TDOC Commissioner, TDOC does not participate in collective bargaining. Therefore, there are no limitations on the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with TDOC Policy 502.06.2; interview with TDOC Commissioner; it was determined by the auditors that the agency has policy and procedures in place to ensure all elements of this standard are in compliance. During an interview with the TDOC Commissioner, he confirmed the agency have measures to protect inmates and staff from retaliation for sexual abuse or sexual harassment allegations by assigning the appropriate Staff who monitor retaliation from the Sexual Abuse Response Team (SART). He added, the agency's policy is followed and each case of retaliation is considered separately that may include housing assignment change, transfers, etc.

Interviews were conducted with SART members assigned to monitor retaliation. The facility PREA Coordinator/Associate Warden (T) confirmed he is responsible for monitoring staff retaliation. Areas monitored are review of the employee's work assignments, time off approvals, transfers, and evaluations.

The Mental Health Administrator confirmed he is responsible for monitoring inmate retaliation. He initiates contact in the first 30 days even if the inmate refuses services. He indicated that while monitoring, he reviews the inmate's work assignments, disciplinary reports and evaluations, bed changes and also meets with them to discuss any concerns while asking additional questions.

Both SART members assigned to monitor retaliation indicated the monitor process is conducted at 30, 60, and 90 days. However, monitoring for retaliation is offered longer than 90 days if needed. There were no inmates or staff monitored for retaliation during the prior 12 months at DSNF. If an inmate is a victim they are transferred within 30 days of the allegation being substantiated. If a staff member is determined to have violated the agency policy, they are terminated.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with TDOC Policy 502.06.2 section D, 2, a-e; interview with Associate Warden (T); it is determined TDOC and DSNF has policy and procedures that does not allow utilizing restricted housing for the protection of any inmate who alleged to have suffered sexual abuse unless no alternative is available. This restriction is outlined in the TDOC Policy 502.06.2 and further states that if it would ever become necessary for an inmate to be placed in restricted housing for this purpose, the inmate shall have access to programs, privileges, education and work to the extent possible. Any time this cannot be

accomplished, the assigned counselor must document the specific denial of the item and reason it could not be provided.

During interviews with investigative staff, Unit Manager assigned to segregated housing, and Associate Warden (T), there has no inmates been placed in segregated housing for the purpose of protecting an inmate from sexual abuse within the prior 12 months.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with TDOC Policy 502.06.2; interviews with investigative staff; review of investigator' documented training; review of investigative files; it was determined by the auditors that DSNF and the investigative staff are in compliance with each element of this standard. Policy outline when and how investigations into allegation of sexual abuse and sexual harassment are to proceed in all TDOC facility. TDOC Office of Investigations and Compliance employ two levels of investigative staff. They are the Institution Investigator and Special Agent. Properly trained Institution Investigators are placed at each facility. The Institution Investigator conducts all administrative investigations and works jointly with the Special Agent on any allegations that could possibility result in criminal prosecution.

The auditors reviewed the documented training records for the facility Investigator. As previously noted in Standard 115.34 the specialized training required by that standard was successfully completed.

During the interview with the facility Investigator, the auditors were informed that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an inmate or staff member. It was confirmed during the interview that it is never a requirement

for an inmate who reported an allegation of sexual abuse to submit to a polygraph examination or other truth-telling devices as a condition for proceeding with the investigation of such an allegation.

During the interview with the Investigator, he explained that the investigative process involves gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviews with alleged victims, suspected perpetrators, and witnesses, and also includes reviewing any prior complaints and reports of sexual abuse involving the suspected perpetrator. The departure of the alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating any investigation in accordance to TDOC policy.

The DSNF reported fifteen (15) PREA allegations were reported and investigated within the prior 12 months of the audit. There were ten (10) Staff on Inmate Harassment allegations and three (3) Staff on Inmate Abuse allegations, and two (2) Inmate on Inmate allegations of Sexual Abuse. These were all unfounded.

The auditors reviewed case files for the last twelve months and found each file contained direct and circumstantial evidence. The retention time for investigation reports involving any sexual abuse/assault must be retained for as long as the alleged abuser(s) is incarcerated or employed within the TDOC plus five years. The inmate investigative files are maintained permanently and electronically.

TDOC publishes their investigative policy on its website at **www.tn.gov/correction**. **The agency also has a website accessibility of www.tn.gov/prea.** The site gives an overview of their PREA Policy and provides additional information by clicking on the topic hyperlink.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with TDOC Policy 502.06.2, and interview with the Institution Investigative staff, the agency shall impose no standard higher than a preponderance the evidence in determining whether allegation so sexual abuse are substantiated.

During a review of the investigative files and interview with the Investigator, the conclusion of each case indicated that findings of the cases were supported by the preponderance of evidence obtained throughout the investigation.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident

whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with TDOC Policy 502.06.2; PREA Allegation Status Notification form, review of investigative files; and interviews with investigative staff; it was determined DSNF has policy and

procedures in place that ensures the investigation findings of all sexual allegations are documented and provided to the alleged victim of sexual abuse of the finding.

During an interview with the investigative staff, and review of the 5 investigative files conducted during the prior 12 months, each file contained documented notification forms signed by the alleged victim.

During the site visit, the auditor observed the notification procedure conducted by the investigative staff. The inmates were advised of the findings and acknowledged the PREA Allegation Status Notification form with their signature.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with TDOC Policy 502.06.2; p.7; and interviews with the Investigative Staff, and Associate Warden/Facility PREA Coordinator, and Human Resource Staff; it is determined the agency and DSNF has policy and procedures that staff are subject to disciplinary sanction up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual touching only after conclusion of the investigation All terminations for violations for the TDOC sexual abuse or sexual harassment policies, or resignation by staff who have been terminated if not for their resignation, shall be reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies.

There have been zero (0) instances of contractors, volunteers, and or TDOC staff reported to any relevant licensing bodies within the past 12 months due to termination or PREA investigations.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☐ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with TDOC Policy 502.06.2 p. 8; interviews with Associate Warden (T)/ Facility PREA Coordinator and Investigative Staff; it is determined by the auditors that policy and procedures require any contractor or volunteer who engages in sexual abuse is to be removed from the facility and reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The Associate Warden (T) confirmed that removal from the facility is the practice for any violation.

The auditors interviewed contract staff from mental health, medical, food service and three (3) volunteers during the site visit at the DSNF. All of them indicated they were familiar with the agency zero tolerance policy and the consequences for any violation during their orientation. The auditors randomly reviewed training records for volunteers and contractors and confirmed their training and their signatures verifying they took and understood this mandated PREA training.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with TDOC Policy 502.06.2 p. 8; DSNF Inmate Handbook and interview with the Associate Warden (T) disciplinary sanctions for any inmate found guilty of sexual abuse or sexual harassment are outlined in the TDOC Policy 502.06.2 and Inmate Handbook. All inmates are subject to disciplinary sanctions following an administrative finding that the inmate engaged in inmate on inmate sexual abuse or following a criminal finding of guilt for inmate on inmate sexual abuse.

The sanctions would be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories, and consider whether an inmate's mental disabilities or mental illness contributed to their behavior. Special considerations are required for inmates charged with or suspected of a disciplinary infraction who are developmentally disabled or mentally ill to determine if the disability or illness contributed to the behavior when determining what type of sanction should be imposed.

There were no inmate discipline sanctions imposed due to sexual abuse or sexual harassment at DSNF for the past 12 months.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure

that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with TDOC Policy 502.06.2; review of medical intake documentation; and interviews with mental health and medical practitioners; it was determined that TDOC and DSNF has policy and procedures to ensure compliance in all elements of this standard. Specifically, if the screening indicates an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff ensured the inmate was offered a follow-up meeting with a medical and/or mental health practitioner within 14 days (normally 7 days) of the intake screening. Any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary to inform treatment plans and security and

management decision, including housing, bed, work, education, and program assignments, or as other required by Federal, State, or local law. Medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. This practice was confirmed during interviews with the mental health and medical practitioners.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of TDOC 502.06.3 P. interview with the Health Service Administrator, and review of inmate medical files, it is determined that DSNF has policies and procedures in place to ensure victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgement. DSNF medical staff are on duty 24 hours. Mental health providers are accessible. If no qualified medical or mental health staff are on duty at the time a report of recent sexual abuse is made, security staff first responders take preliminary steps to protect the victim pursuant to 115.62 and immediately notify medical and mental health practitioners.

In accordance with a review of TDOC 502.06.3 P. 4 inmate victims of sexual abuse are offered timely information and access about emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. DSNF offers all treatment services to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Based on interviews of medical staff and a review of two (2) inmate's medical files who were involved in staff on inmate sexual abuse investigation, it was confirmed the victims receive timely and unimpeded access to emergency services and crisis intervention services. Based on interviews of random inmates it is determined that the inmates are aware of the services available.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with TDOC 502.06.3 P. 5; Medical, Mental Health, Victim Advocacy, & Community Support Services for PREA Victims; interviews with medical and mental health staff; PREA Incident Review it is determined that DSNF has policies and procedures in place to offer medical and mental health evaluation and as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. These services are provided to victims consistent with the community level of care.

During an interview with the Health Service Administrative, she confirmed all victims of sexual abuse vaginal penetration while incarcerated are offered pregnancy tests where warranted. DSNF is a male facility; Therefore, in accordance with TDOC 502.06.3, the element under this standard is in compliance.

In accordance with TDOC 502.06.3 P. 5 it is determined that treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. DSNF will attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Based on random staff and inmate interviews it is determined that they are aware of ongoing services that would be available and how to access those services.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of TDOC 502.06.2 P. 5; and PREA Incident Review it is determined that DSNF has policies and procedures in place to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. This review will ordinarily occur within 30 days of the conclusion of the investigation. The review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

In accordance with a review of TDOC 502.06.2 P. 5 it is determined that the DSNF review team: 1) consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 2) consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility; 3) examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; 4) assess the adequacy of staffing levels in that area during different shifts; 5) assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; 6) prepare a report of its findings, including but not necessarily limited to determinations made pursuant to 115.86 (d)(1) – (d) (5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager; 7) the facility will implement recommendations for improvement, or document its reasons for not implementing the recommendation.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of TDOC 502.06 P. 7; Agency-wide Survey of Sexual Violence 2016; SSV of Contract Facilities 2016; and Annual PREA Reports it is determined that the agency does: 1) collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions; 2) aggregate the incident-based sexual abuse data at least annually; 3) that the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department

of Justice; 4) the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files , and sexual abuse incident reviews; 5) the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates; 6) the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of TDOC 502.06 P. 7; PREA Annual Reports with Corrective Actions; TDOC Website and staff interviews; it is determined that the agency review data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by 1) identifying problem areas; 2) taking corrective action on an ongoing basis; 3) preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

In accordance with a review of TDOC 502.06 P. 7; PREA Annual Reports; TDOC Website it is determined that the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse; and the agency's annual report is approved by the agency head and made readily available to the public through its website.

In accordance with a review of TDOC 502.06 P. 7 it is determined that the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with a review of TDOC 502.06 P. 7; PREA Annual Reports it was determined that policies and procedures are in place to ensure guidelines are followed to ensure: 1) data collected pursuant to standard 115.87 are securely retained; 2) the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website; 3) the agency remove all personal identifiers before making aggregated sexual abuse data publicly available; 4) the agency maintain sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
☒ Yes ☐ No ☐ NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? ☒ Yes ☐ No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The auditor reviewed the prior PREA audit report conducted during the prior audit cycle. The auditors reviewed the annual PREA report from TDOC for years 2015 and 2016. The auditor reviewed all relevant documents related to the PREA audit.

The auditors noted during the tour of the facility that the PREA notices were posted timely where inmates could have corresponded with the auditor. The auditor did not receive any correspondence prior to the audit from inmates of DSNF.

The auditor conducted random, informal, and specialized interviews of inmates during the audit in a private setting.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Crystal Y. Norment

01/29/2018

Auditor Signature

Date